

# Mount Sinai

MEDICAL CENTER  
Eldercare

## Participant Grievance and Appeal Process

All of us at Mount Sinai Eldercare share responsibility for your care and your satisfaction with the services you receive. Our grievance procedure is designed to enable you or your representative to express any concerns or dissatisfaction you have so that you can address them in a timely and efficient manner. Our appeal procedure is designed to enable you or your representative to appeal any decision about our failure to approve, furnish, arrange for or continue what you believe are covered services or to pay for services that you believe we are required to pay.

The information in this document describes our grievance and appeals processes. You will receive written information of the grievance and appeals process when you enroll and annually after that. At any time you wish to file a grievance or an appeal, we are available to assist you. If you do not speak English, a bilingual staff member or translation service will be able to assist you.

You will not be discriminated against because a grievance or appeal has been filed. Mount Sinai Eldercare will continue to provide you with all the required services during the grievance and appeals process. The confidentiality of your grievance or appeal will be maintained throughout the grievance or appeal process and information pertaining to your grievance or appeal will only be released to authorized individuals.

### Mount Sinai Eldercare Contact Information for Grievances and Appeals:

Mount Sinai Eldercare Quality Improvement Department  
6050 W. 20<sup>th</sup> Avenue, Suite 2001  
Hialeah, FL 33016-2605

Phone (786) 584-5560  
Toll Free (833) 352-0939  
TTY Hearing Impaired (800) 955-8771  
Fax (786) 584-5060

## GRIEVANCES

### **DEFINITION**

A grievance is a complaint, either written or oral that expresses your dissatisfaction with the services provided or the quality of your care. Mount Sinai Eldercare will treat your entire grievance process with strict confidentiality.

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## GRIEVANCE PROCESS

YOU HAVE THE RIGHT TO FILE A GRIEVANCE ABOUT ANYTHING. HERE ARE A FEW EXAMPLES:

- The quality of services you receive in the home, at the PACE center, or in any inpatient stay (hospital, skilled nursing facility, or nursing home)
- Mistakes you feel have been made
- Waiting times on the phone or in the waiting/exam room
- Behavior of any of your care providers or program staff
- Adequacy of center facilities
- Quality of food providers
- Transportation Services

You may file a grievance with any staff member at any time, either verbally or in writing. If you have a grievance after hours, you may call the on-call administrator at 786-584-5560. Once you or your representative have/has filed a grievance, we will place your grievance in our grievance log at Mount Sinai Eldercare. Your team members will discuss the complaint at the next scheduled morning meeting.

We hope to resolve your grievance within one day. If we need more time to investigate your concerns, we will let you know how long we estimate it may take. During the grievance process, we will continue to furnish you with PACE services at the frequency provided in your current plan of care.

It is the responsibility of Mount Sinai Eldercare to investigate and seek a resolution of the grievance as soon as possible but no later than 30 calendar days from the date the grievance is received by us. The grievance and the resolution to the grievance will be discussed by the Interdisciplinary Team and a final decision will be sent to you in writing.

You also have the right to file a complaint of discrimination on the basis of handicap with the Southeast Regional office for Civil Rights of the U.S. Department of Health and Human Services at 1-800-368-1019. TTY users should call 1-800-537-7697.

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In addition, a member or their representative may call the Florida Department of Elder Affairs Helpline at 1-800-963-5337 at any time to express dissatisfaction or for additional assistance.

## APPEALS

### DEFINITIONS

1. **Appeal** is a participant's action taken with respect to the PACE organization's non-coverage of, or nonpayment for, a service including denials, reductions, or termination of service. A request to initiate, modify, or continue a service must first be processed as a Service Determination Request before Mount Sinai Eldercare can process an appeal according to this policy and procedure.
2. **Expedited Appeal** is an appeal that requires a response within 72 hours of receipt. An expedited appeal is warranted for situations in which the participant believes that his/her life, health, or ability to regain or maintain maximum function could be seriously jeopardized, absent provision of the service in dispute.

### APPEALS PROCESS

Mount Sinai Eldercare will provide you with timely preparation and processing of a written denial of coverage or payment. Upon receipt of a Service Determination Request, we will make a decision and notify you as expeditiously as your health condition requires, but no later than 30 calendar days after the date we receive your appeal. If Mount Sinai Eldercare denies your request for a service, debues payment of a service, terminates or reduces your service, or if you are involuntarily disenrolled from Mount Sinai Eldercare, you have the right to file an appeal. You will be given written information on how to file an appeal at enrollment, at least annually thereafter, and whenever we deny a request for services or payment. You or your family or caregiver may request information on our appeal process at any time. If you have an appeal after hours, you may call the on-call administrator at 786 584-5560.

If you file an appeal, you will continue to receive the health care services the same as before you filed the appeal. However, if the appeal does not favor you, then you may be responsible for payment of the services in question. If you are not receiving the services for which you filed the appeal, and the appeal does result in a determination that favors you, then Mount Sinai Eldercare will provide the disputed service as expeditiously as your health condition requires. Mount Sinai Eldercare employees will not discuss your appeal with anyone not involved in investigating your appeal.

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If Mount Sinai Eldercare denies either a service you requested or payment for a service you received, you may file an appeal either verbally or in writing. You or your family or caregiver may file an appeal by telephoning us from 8:00 a.m. – 5:00 p.m., indicating your desire to file an appeal in person at the PACE Center, or by sending a letter to Mount Sinai Eldercare at the following address:

Mount Sinai Eldercare  
6050 West 20th Avenue, Suite 2001  
Hialeah, FL 33016-2605  
Phone: 786.584.5560  
Toll Free 1.833.352.0939  
TTY 1.800.955.8771 (for hearing-impaired)

In addition to our PACE Executive Director, a person not involved in the initial decision will evaluate your appeal. This person will be both impartial and appropriately qualified to make a decision. You or your family or caregiver may present or submit relevant facts and/or evidence for review, either in person or in writing to us, for consideration during the appeal process.

We will respond to and resolve your appeal as expeditiously as your health condition requires but no later than 30 calendar days after receiving your request for an appeal.

If you believe that your life, health or ability to regain maximum function would be seriously jeopardized if the disputed service is not provided, you may request an expedited appeal. The Mount Sinai Eldercare Executive Director and the objective third party will review your case immediately and respond back to you within 72 hours. If you request an extension or we need more time to review the case and your health is not in danger, we may require up to 14 calendar days to review your expedited appeal.

## **THE DECISION ON YOUR APPEAL:**

Whether a standard appeal or an expedited appeal, we will notify you in writing of the decision. If the decision is favorable to you, we will arrange for you to get the service or payment in question as expeditiously as your health condition requires.

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## EXTERNAL APPEALS

If we do not decide in your favor for a service or payment of a service, you have additional appeal rights, called external appeal rights. Your request to file an external appeal can be made either verbally or in writing. The external appeal involves a new and impartial review of your case through either the Medicare or Medicaid program. The Medicare program contracts with an independent review organization to provide external review on appeals involving PACE organizations. This review organization is completely independent of Mount Sinai Eldercare.

The Medicaid program conducts their external appeal through the state's Fair Hearing process. Until you receive the final decision, you may choose to continue to receive these services, however, you may have to pay for these services if the decision is not in your favor. For reviews to Medicaid, the appeal should be sent within 30 calendar days to:

Agency for Health Care Administration  
Medicaid Hearing Unit  
P.O. Box 60127  
Ft. Myers, FL 33906  
Fax: 239-338-2642  
MedicaidHearingUnit@ahca.myflorida.com

The Agency for Health Care Administration (AHCA) will respond with a written notice telling you of the result of your Medicaid appeal. If AHCA's decision is in your favor, Mount Sinai Eldercare will provide or pay for the service in question as quickly as your health requires, but no later than 30 calendar days after the decision.

If you are enrolled in both Medicare and Medicaid, you may choose which appeals process you wish to follow - the Medicaid Fair Hearing process or Medicare's external appeal process. If you are not sure which program applies to you, ask us. You must choose either Medicare or Medicaid. The external appeal may only be made to one or the other, (Medicare—or– Medicaid) but not both. Mount Sinai Eldercare can help you choose which external Appeals process to pursue. You will get a decision within 30 calendar days after you request the appeal.

If you are enrolled in both Medicare and Medicaid or Medicare only, and you choose to appeal using Medicare's external appeal process, we will send your appeal to a separate review panel

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that Medicare has designated as the agency for reviewing external appeals. If the Medicare designated agency's decision is in your favor, we must give you the service as quickly as your health condition requires.

If you have requested a payment for a service that you have already received, we will pay for the service.

If the Medicare designated agency's decision or the Medicaid Fair Hearing is NOT in your favor, there are further levels of appeals, and we will assist you in pursuing your appeal further if you chose to do so.